

2351

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County Registrar's No. \*

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami, Ariz County Dade St.

SEX OF CHILD*	Twins Triplet or other?	and	Number in order of birth
<u>male</u>			
DATE OF BIRTH* <u>March</u> <u>22</u> <u>1915</u>			
(Month) (Day) (Year)			
FULL* FATHER			
NAME <u>Florencio Regalado</u>			
FULL* MOTHER			
NAME <u>Eloide Sanchez</u>			
*These items to			
Blank supplement			
5M 7/11/40			

I HEREBY CERTIFY that the child described herein  
has been named

Silvestre Regalado  
(Give name in full) (Surname)

Eloide L. Regalado  
(Parent's Signature)

Dr. Krone  
(Signature of Physician or Midwife)

entered by the local registrar before giving out this form.

reports of birth may be obtained from the local registrar.

296-326-329.